

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Live Oak Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 537 W Live Oak San Gabriel, CA 91776	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48152</p> <p>Based on observation, interview and record review, the facility failed to ensure the visitor for one of five sampled residents (Resident 2) wore required personal protective equipment (PPE - clothing and equipment that is worn or used to provide protection against hazardous substances and/or environments) of gloves and gown while in a contact isolation (separation of residents with an infection from residents without an infection) room.</p> <p>This failure had the potential to spread infectious agents throughout the facility to residents, staff and/or other visitors.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, the admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included urinary tract infection (UTI- an infection in the bladder/urinary tract), Klebsiella pneumoniae (a bacteria that can cause a wide range of infections) and depression (mood disorder that causes a persistent feeling of sadness and loss of interest in life).</p> <p>During a review of Resident 1 ' s Order Summary Report, dated 12/4/2024, the order summary report indicated isolation precautions due to Klebsiella pneumoniae and UTI one time only for Klebsiella Pneumoniae; UTI until 12/9/2024.</p> <p>During a review of Resident 1 ' s Other Contact Isolation: Klebsiella Pneumoniae care plan, initiated 12/1/2024, the care plan indicated contact isolation precautions (measures taken to prevent the spread of germs that are transmitted through touching) will be observed.</p> <p>During a concurrent observation and interview on 12/4/2024 at 11:31AM with Licensed Vocational Nurse 1 (LVN 1) outside of Room A, a contact isolation sign was observed on the wall that indicated the use of an isolation gown and gloves when entering the room. Family Member 1 (FM1) was observed at the bedside of Resident 1 without wearing required PPE of gloves and an isolation gown. LVN 1 stated Resident 1 is on contact isolation and FM1 should be wearing a gown and gloves while at the bedside of Resident 1. LVN 1 stated it is important for FM1 and all visitors and staff to wear the PPE for contact isolation to protect the resident and visitors from the [infectious] bacteria and to prevent and control a spread of the infection.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/4/2024 at 12:44PM with Infection Preventionist Nurse (IPN), IPN stated Resident 1 requires contact isolation because of Klebsiella Pneumoniae in the urine and the resident ' s visitors, including FM 1 should wear the required PPE of isolation gown and gloves before entering the resident ' s room.</p> <p>During a concurrent interview and record review on 12/4/2024 at 4:30PM with IPN, the facility ' s Policy and Procedure (P&P), titled Isolation- Categories of Transmission-Based Precautions (additional infection control guidelines to prevent the spread of infectious disease), revised 9/2022, the P&P indicated transmission-based precautions are initiated when a resident develops signs and symptoms of a transmissible infection; and is at risk of transmitting the infection to other residents. The P&P indicated staff and visitors need to wear gloves and a disposable gown (isolation gown) upon entering the room. IPN stated it is important for visitors to wear the appropriate PPE for contact isolation to protect the resident and visitors from exposure to bacteria. IPN also stated PPE usage is important to protect the residents already on isolation because their immune system may be suppressed (due to the reason they are on isolation).</p>		